



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-010	2. STATE Arizona
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2004	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.53 and 447.54		7. FEDERAL BUDGET IMPACT: a. FFY 2004-2005 \$0 b. FFY 2005-2006 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum to Cost Sharing section (pages 54 to 56a)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Addendum to Cost Sharing section (pages 54 to 56a)	
10. SUBJECT OF AMENDMENT: Reduces the copayment for non-emergency use of the emergency room from \$5 to \$1.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Lynn Dunton			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: September 1, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 1, 2004		18. DATE APPROVED: 11/15/04	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE OF ARIZONA

ADDENDUM COST SHARING

Citation: Pages 54 to 56a of the State Plan

Co-payments are as follows:

- o Doctor's office or home visit and all diagnostic and rehabilitative, x-ray and laboratory services associated with such visits \$1.00 per visit
- o Non-emergency use of the emergency room \$1.00 per visit
- o All other services No charge

The average payment for non-emergency use of the emergency room is over \$10.00. Members shall not be denied services because of their inability to pay a co-payment.

TN No. 04-010
Supersedes
TN No. 93-10

Approval Date NOV 15 2004 Effective Date OCT 01 2004